

AUG 2 8 2008

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Washington, DC

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1444269

<u>OMB APPROVAL</u>

OMB Number:

Expires:

Estimated average burden hours per form

SEC USE ONLY

Serial

Prefix

DATE RECEIVED

Filing Under (Check box(es) that apply): □□Rule 504	□ Rule 505 □ ULOE	X Rule 506		Section	4(6)
Type of Filing: X New Filing				_	<u> </u>
A. BASIC IDENTIFICATION	ON DATA				
Enter the information requested about the issuer					
Name of Issuer (check if this is an amendment and name has changed, and indicate	change.)				
COSAN, L.P.				0805899	3 £
Address of Executive Offices (Number and Street, City, State, Zip Code	•			000000	,,,
15335 Morrison Street, Suite 210, Sherman Oaks, California 91403 Address of Principal Business Operations (Number and Street, City, State, Zip Code)	(818) 933-43 Telephone Nu	nber (Including	Area C	ode)(if differe	ent from
Executive Offices)	reseptione ru	moor (morecang	1 11 Cu C	ouc/(ir diricio	iii iioiii
15335 Morrison Street, Suite 210, Sherman Oaks, California 91403					
Brief Description of Business					
Motion Picture Development and Production					
Type of Business Organization	_				
Ξ corporation $\underline{\underline{X}}$ limited partnership, already forme	ed	□ other (pl	ease sp	ecify):	
☐ business trust ☐ limited partnership, to be formed Month Y	ear		—Б	ROCE	
Actual or Estimated Date of Incorporation or Organization: 08 US Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal S CN for Canada: FN for other	ervice abbreviation	on for State: C	THO	SEP 04	2008
GENERAL INSTRUCTIONS Who Must File: All issuers making an offering of securities in reliance on an exect seq. or 15 U.S.C. 77d(6).				• • • • • • • • • • • • • • • • • • • •	ifyjer.
When to File: A notice must be filed no later than 15 days after the first sale of U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is r at that address after the date on which it is due, on the date it was mailed by Unite	securities in the deceived by the SE of States registered	ffering. A noti at the address for certified ma	ce is de given l il to the	eemed filed v below or, if n at address.	vith the eceived
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, NW	, Washington, D.C	. 20549.			
Copies Required: Five (5) copies of this notice must be filed with the SEC, one signed must be photocopies of the manually signed copy or bear typed or printed	of which must be signatures.	manually signed	i. Any	copies not m	anually
Information Required: A new filing must contain all information requested. offering, any changes thereto, the information requested in Part C, and any mater A and B. Part E and the Appendix need not be filed with the SEC.	Amendments ne- rial changes from t	d only report the information	the nan previou	ne of the issu sly supplied	uer and in Parts
Filing Fee: There is no federal filing fee.					
State: This notice shall be used to indicate reliance on the Uniform Limited Offering have adopted ULOE and that have adopted this form. Issuers relying on ULOE reach stat where sales are to be, or have been made. If a state requires the payme fee in the proper amount shall accompany this form. This notice shall be filed Appendix to the notice constitutes a part of this notice and must be completed. ATTENTION	nust file a separate nt of a fee as a pre	notice with the condition to the	Securion claim	ties Administ for the exem	rator in ption, a
Failure to file notice in the appropriate states will not result in a loss the appropriate federal notice will not result in a loss of an available on the filing of a federal notice.					

			<u>FIFICATION DAT</u>	<u> </u>	
2. Enter the information requ			ad within the most five		
			ed within the past five		0% or more of a class of equity
securities of the issuer	" naving the po	ower to vote or dispos	c, or direct the voic or c	risposition or, to	774 of more of a class of equity
		of corporate issuers a	nd of corporate general	and managing	partners of partnership issuers;
and		•			
Each general managin	g partner of p	artnership issuers.			
Charles Control		V.D	E E 4: 000	m D'	V. C1 #
Check Box(es) that Apply:	⊔ Promoter	X Beneficial Owner	☐ Executive Officer	□ Director	X General and/or
		 			Managing Partner
Full Name (Last name first, in	•				
COSAN Film Partners, L.L		<u></u>			
Business or Residence Addre	ss (Number a	and Street, City, State,	Zip Code)		
15335 Morrison Street, Suit	<u>te 210, Sherm</u>	an Oaks, California	91403		
Check Box(es) that Apply:	☐ Promoter	X Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
					Managing Partner
Full Name (Last name first, is	,				
Monarch Productions, L.L.					
Business or Residence Addre	ss (Number a	and Street, City, State,	Zip Code)		
15335 Morrison Street, Suit	<u>te 210, Sherm</u>	an Oaks, California	91403		
Check Box(es) that Apply:	☐ Promoter	X Beneficial Owner	☐ Executive Officer	□ Director	□ General and/or
		<u> </u>			Managing Partner
Full Name (Last name first, i	f individual)				
Berez, Steven (manager of i	nanaging me	mber of general part	ner)	_	
Business or Residence Addre				_	
15335 Morrison Street, Suit		•	•		
Check Box(es) that Apply:			☐ Executive Officer	□ Director	☐ General and/or
(11)					Managing Partner
Full Name (Last name first, i	f individual)				
Ton Fulle (1345) Halle Hist, 1.	, marriadar)				
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Check Box(es) that Apply:	□ Promoter	□ Reneficial Owner	☐ Executive Officer	□ Director	☐ General and/or
Check Box(es) that Apply.	_ romoter	d beneficial Owner	LACCULIVE Officer	Li Director	Managing Partner
Full Name (Last name first, i	findividual)	······································			ivianaging i acutei
run Name (Last name mst, i	illaividual)				
D 1 D 11 A11		10: 0: 0:	77. (7. 1.)	-	
Business or Residence Addre	ss (Number a	ind Street, City, State,	Zip Code)		
Cl. 1 D () 1 + 1				-	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
					Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number a	and Street, City, State,	Zip Code)		
					
Check Box(es) that Apply:	☐ Promoter	□ Beneficial Owner	☐ Executive Officer	□ Director	□ General and/or
					Managing Partner
Full Name (Last name first, i	f individual)				
	<u> </u>				
Business or Residence Addre	ss (Number a	and Street, City, State,	Zip Code)	 	
	·				
(Use blank she	et, or copy and use ad	ditional copies of this s	heet as necessar	y.)

					B. INFO	RMATI	ON ABO	J T OFF	ERING	•			
				Ansv	ver also i	n Append	ix, Colum	n 2, if fili	ng under	ULOE.		***************************************	_
2. What	is the m	inimum ir	nvestmen	t that wil	l be accep	pted from	any indivi	dual?					\$_200,000
•									72	subject to	a iimited	i number (of exceptions Yes No
3. Does	the offer	ing perm	it joint ov	vnership	of a singl	e unit?		•••••••			************	***************************************	<u>X</u>
simila an ass or dea	ir remun sociated aler. If	eration for person or	or solicita agent of in five (5	tion of p a broker) person	urchasers or dealer s to be li	in conne registere	ction with d with the	sales of s	securities for with	in the o	ffering. I	f a person at the name	commission or to be listed is e of the broker y set forth the
Full Nam	ie (Last i	name first	t, if indiv	idual)		•							
							<u>-</u> -						<u> </u>
Business	or Resid	lence Ado	dress (Nu	ımber an	d Street, (City, State	e, Zip Cod	e)					
Name of	Associa	ted Broke	er or Deal	er			<u>-</u> /						
States in	Which F	Person Lis	sted has S	Solicited (or Intends	to Solici	t Purchase						
(Chec	k "All S	tates" or e	check ind	lividual S	tates								All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
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Business	or Resid	lence Add	dress (Nu	ımber an	d Street,	City, State	e, Zip Cod	e)					
Name of	Associa	ted Broke	er or Deal	er									<u> </u>
							t Purchase		· ·				
•	ik "All S [AK]	tates" or o	check ind [AR]	lividual S [CA]	tates	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	All States
	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
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Full Nam													
Business	or Resid	lence Add	dress (N	ımber an	d Street,	City, State	e, Zip Cod	e)					
Name of	Associa	ted Broke	er or Deal	er			<u></u>						
States in	Which I	Person Lis	sted has S	Solicited	or Intends	s to Solici	t Purchase	<u> </u>					,- <u></u>
		tates" or			tates	••••••		-					🗆 All States
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(use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\Precedit{ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt -0-Equity -0-□ Common ☐ Preferred Convertible Securities (including warrants)......\$_ -0-S - 0 -- 0 -Other (Specify limited partnership units \$_18,600,000 Total - 0 -Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero Number of Aggregate Dollar Investors Amount of Purchases Accredited Investors \$ -0-**\$** -0-Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question Type of Dollar Amount Type of Offering Security Sold Rule 505 -0-\$<u>-0-</u> Regulation A Rule 504 - 0-\$ -0-.... Total -0-- 0 -4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees.... Printing and Engraving Costs.... 10,000 Legal Fees \$ 10,000 Accounting Fees \$_5,000 **Engineering Fees** -0-Sales Commissions (specify finders' fees separately)..... \$_ -0-Other Expenses (identify) Marketing **\$** 375,000 Total **\$_400,000**

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPEN	SES AND USE OF PR	OCEEDS
	 Enter the difference between the aggregate offering price given in response to Par Question I and total expenses furnished in response to Part C - Question 4.a. This diffi- is the "adjusted gross proceeds to the issuer 		\$_18,200,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or propose used for each of the purposes shown. If the amount for any purpose is not known, fur estimate and check the box to the left of the estimate. The total of the payments liste equal the adjusted gross proceeds to the issuer set forth in response to Part C – Quest above.	nish an ed must	
		Payments to Officers Directors & Affiliates	Payments To Others
	Salaries and fees	🗆 \$ <u>-0-</u>	\$0
	Purchase of real estate	\$ -0-	0
	Purchase, rental or leasing and installation of machinery and equipment		0
	Construction or leasing of plant buildings and facilities	□ \$ <u>-0-</u>	_ \$0-
	Acquisition of other businesses (including the value of securities involved in this		
	offering that may be used in exchange for the assets of securities of another issuer pursuant to a merger)	S <u>-0-</u>	<u> </u>
	Repayment of indebtedness	🗆 💲 - 0 -	□ \$ <u>-0</u> -
	Working capital	□ \$ <u>-0-</u>	_ \$ <u>-0-</u>
	Other (specify): Storywriters, producers, director, and east	□ \$ <u>-0-</u>	X \$ 12,862,889
	Production costs		X \$_2,616,124
	Post production costs	□ \$0-	X \$ 555,820
	Administrative Costs	<u>X</u> \$ <u>324,258</u>	_ S <u>- 0 -</u>
	Publicity Costs		<u>X</u> \$ <u>150,000</u>
	Contingency	□ \$ <u>-0-</u>	<u>X</u> \$ <u>1,690,909</u>
	Column Totals	X \$_324,258	X \$_17,875,742
	Total Payments Listed (column totals added	<u>X</u> \$ <u>_</u> 1	8,200,000
_	D. FEDERAL SIGNATURE		····
fol	e issuer has duly caused this notice to be signed by the undersigned duly authorize lowing signature constitutes an undertaking by the issuer to furnish to the U.S. Securits staff, the information furnished by the issuer to any perfected investor pursua	ities and Exchange Com	mission, upon written reques
	suer (Print or Type) Signature	Date	
•	COSAN, L.P.	Aug	gust 15, 2008
N	iame of Signer (Print or Type) Title of Signer (Print or Type)		

ATTENTION

Manager of Managing Member of General Partner

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Steven Berez

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See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature
COSAN, L.P.	August 15, 2008
Name of Signer (Print or Type)	Title of Segrat (Print of Type)
Steven Berez	Manager of Managing Member of General Partner

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

Intend to to non-ac investors (Part B-lt) State Yes AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI		3	4				5	
AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA	ccredited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor amount purchase (Part C-Item 2)	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I				
AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA	No	Limited Partnership Units	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA								
AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA								
CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA		<u> </u>						
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1	Intend to sell to non-accredited Type of se		Type of security and aggregate offering price offered in state (Part C-Item 1)	of security gregate Type of investor and g price amount purchased in State d in state (Part C-Item 2)						
State	Yes	No	Limited Partnership Units	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
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